2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003886

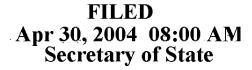
1. Entity Name HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILLE INC.



Principal Place of Business

2620 NE 15TH STREET GAINESVILLE, FL 32609 US Mailing Address

P O BOX 140272 GAINESVILLE, FL 32614





DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP GR2E037 (10/03)

4. FEI Number 59-3195036 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLIN, DAVID E. 2620 NORTHEAST 15TH STREET GAINESVILLE, FL 32614

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when re-instating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financin Trust Fund Contribution,	ig 🗆	\$5.00 May Be Added to Fees	U00000145602 05/03/04-80032-023 70.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HENLEY, RONNIE 9001 S.W. 124TH ST ARCHER, FL			_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTR STRICKLIN, DAVID P.O. BOX 726 N/A MICANOPY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEEN, JOHN 9316 S.W. 14TH AVE GAINESVILLE, FL	- 6:		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CXTY-SY-ZIP					.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

AVID STRICKLIN

URE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR